



Incident Report

Print Date/Time: 05/11/2016 07:34
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00006074

Incident Date/Time: 3/31/2016 10:20:28 AM
Location: 2608 HARTFORD DR
LAKE STEVENS WA 98258
Phone Number: (425) 508-3447
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Traffic
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D4	SS0138-Fiske
19I22	SS0091-Wachtveitl

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	WOMMACK, KEVIN					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

03/31/2016 : 11:16:49 ss0138 Narrative: PUD adviesed road will be closed next 3 hours

03/31/2016 : 10:54:29 SP0366 Narrative: PUD ON SCENE

03/31/2016 : 10:42:06 SP0308 Narrative: PUD ADV OF UPDATE

03/31/2016 : 10:37:10 SP0366 Narrative: ROAD CLOSED UNTILL PUD CAN RESPOND, WIRES ARE VERY LOW

03/31/2016 : 10:30:07 SP0366 Narrative: SUP ADVISED TO CONTACT PUD

03/31/2016 : 10:23:22 SP0366 Narrative: AA, BCST

03/31/2016 : 10:23:07 SP0403 Narrative: LR403

03/31/2016 : 10:22:43 SP0403 Narrative: AC, NOW, POWER POLE CLIPPED OFF ON BOTTOM HANGING BY WIRES ABOVE THE ROADWAY, RP IS W/ PUD

16-00006074 COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

SUPPLEMENTAL

REPORT NO. **E531858**

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input checked="" type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2016-00006074
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LOCAL AGENCY CODING	0311900
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TOTAL # OF UNITS	02	OBJECT STRUCK	UTILITY POLE
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DATE OF COLLISION	03	-	31	-	2016	TIME (2400)	1022	COUNTY #	31	MILES		N	<input type="checkbox"/>	E	<input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	OF		CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION	<input type="checkbox"/>	NON-INTERSECTION	<input checked="" type="checkbox"/>		
HARTFORD DR				BLOCK NO.	<input checked="" type="checkbox"/>	2600
				MILE POST	<input type="checkbox"/>	

DISTANCE	100	00	MILES	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>	E	<input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	27TH PL NE
			FEET	<input checked="" type="checkbox"/>	S	<input type="checkbox"/>	W	<input type="checkbox"/>		

UNIT 01	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	PHONE	D: 2534316720
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LAST NAME	OMEARA	FIRST NAME	PATRICK	MIDDLE INITIAL	D
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STREET NEW ADDRESS	3857 SW 339TH ST
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CITY	FEDERAL WAY	ST	WA	ZIP	980232973
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CDL	A	RESTRICTIONS	K	ENDORSEMENTS	L, T
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DRIVER'S LICENSE #	OMEARPD528QG	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	11	-	07	-	1948
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	B35690Y	STATE	WA	VIN#	1XKYDP9X4EJ405235
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2014	MAKE	KW	MODEL	TRAC	STYLE	TR	VEHICLE TOWED	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. JOHNSON INTERNATIONAL 20205 59TH PL S KENT WA 98032

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	CONTINENTAL WESTERN CWP6013541
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VEHICLE LEGALLY STANDING	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE	<input type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	PEDESTRIAN	<input type="checkbox"/>	PROPERTY OWNER	<input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	PHONE	D: 4257831000
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LAST NAME	PUD	FIRST NAME	SNOCO	MIDDLE INITIAL	
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STREET NEW ADDRESS	2320 CALIFORNIA ST
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CITY	EVERETT	ST	WA	ZIP	98201
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	MMDDYYYY		-		-	
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	B. FISKE #0138	BADGE OR ID #	0138	AGENCY	WA0311900
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E531858**CASE # **2016-00006074**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

V1, a semi truck was backing onto Hartford Dr in the 2600 block. V1 was backing eastbound across Hartford Dr. V1 struck a power pole as it backed up and completely broke it. The wires were hanging low after the collision and Snohomish County PUD responded to fix the pole. I spoke with a PUD employee at the scene and provided him with the case number. He advised the road would have to be closed for approximately 3 hours. Lake Stevens Public Works closed the road while the pole was fixed.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

B. FISKE #0138
04-29-16 09:05 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

W. AUKERMAN 0072

DATE

5/2/2016 2:10:25 AM

BADGE OR ID #

0138

ORI #

WA0311900

TIME POLICE DISPATCHED

10:22 AM

TIME POLICE ARRIVED

10:30 AM

REPORT NO. E531858

CASE # 2016-00006074

DATE AND TIME
OF COLLISION 03/31/16 10:22

Not to scale

